

# THE DIVISION OF HEALTH OF MISSOURI

File No. 14992

FILED MAY 9 1953

## STANDARD CERTIFICATE OF DEATH

BIRTH NO.		REG. DIST. NO. 298		PRIMARY REG. DIST. NO. 3043		REGISTRATION No. 175	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		06.44	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital				d. STREET ADDRESS (If rural, give location) 1308 Russell Street 0			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) William		c. (Last) Marshall		4. DATE OF DEATH (Month) (Day) (Year) May 2, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Never married		8. DATE OF BIRTH Jan 14, 1905	
9. AGE (in years last birthday) 48		10. UNDER 1 YEAR Months Days		11. UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Macon County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Sidney Marshall		13b. MOTHER'S MAIDEN NAME Melinda Morgan		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND NAME ADDRESS Millie Van Hoose, 1308 Russell St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebrovascular Rerual Disease</i>				INTERVAL BETWEEN ONSET AND DEATH 1 month	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cholelithiasis &amp; Ulceration</i>				1 month	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  442X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>March 13, 1953</i> , to <i>May 2, 1953</i> , that I last saw the deceased alive on <i>April 10, 1953</i> and that death occurred at <i>12:25 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Robert J. Tanning MD</i>				23b. ADDRESS <i>504 04th Building Hannibal, Mo.</i>		23c. DATE SIGNED <i>5-2-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 3, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Vandalia Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Vandalia, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>5-4-53</i>		REGISTRAR'S SIGNATURE <i>Dr. E.M. Luck</i>		FEDERAL DIRECTOR'S SIGNATURE <i>William D. Waters</i>		ADDRESS <i>Vandalia, Missouri</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44  
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RECEIVED  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 7 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*William B. Matus*

Licensed Embalmer No.

*4169*

P. O. Address

*Vandalia Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.